



Sonoma County

Auditor-Controller-Treasurer-Tax Collector

Cannabis Business Tax - Quarterly Return

Business Name:

Permit No.:

Business Address:

City:

Zipcode:

Business Phone:

Tax Period: **Quarter** (select below)

Due Date:

1st (July - Sept)

2nd (Oct - Dec)

3rd (Jan - March)

4th (April - June)

*Payments must be received on or before the last business day of the month following the reporting period.
Post marks or other indications of submittal are not accepted.*

Permit Type:

Tax Rate:

per square foot per year

Gross Sq.Ft.:

Net Square Feet:

Loss Determination Adjustment:

%

Must be approved by Dept of Agriculture

QUARTERLY SUBTOTAL, TAX DUE:

Date Paid:

Number of Months Late:

*If payment is received after the due date, penalties and interest
must be calculated and remitted.*

Penalty 1: 25% of **Tax Due**, if received late.

Penalty 2: Additional 25% of **Tax Due** if more than 1 month late.

Interest on Tax Due: 1.5% of **Tax Due** per month.

SUBTOTAL, PENALTIES & INTEREST:

TOTAL TAX, PENALTIES & INTEREST DUE - PAY THIS AMOUNT:

*Make checks payable to: Sonoma County Auditor-Controller-Treasurer-Tax Collector
Submit Form and Payment to: 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403*

I declare under penalty of perjury that the above is true and correct to the best of my knowledge.

Signature:

Date:

Printed Name:

Contact Phone Number: